

ORIGINAL

DT03 Rec'd PCT/PTO 08 FEB 2005

Approved for use through 3/31/2007. OMB 0651-0021

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371		ATTORNEY'S DOCKET NUMBER Le A 36 294 U.S. APPLICATION NO. (If known) see 37 CFR 1.5) 101524080 Not Assigned
INTERNATIONAL APPLICATION NO. PCT/EP03/08300	INTERNATIONAL FILING DATE 7/28/03 (July 28, 2003)	PRIORITY DATE CLAIMED 8/8/02 (August 8, 2002)
TITLE OF INVENTION Arylamides		
APPLICANT(S) FOR DO/EO/US Nina BRUNNER, et al.		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). </p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). </p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ul style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p>		
Items 11 to 20 below concern document(s) or information included:		
<p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: 1. Certificate of Mailing under 37 C.F.R. 1.10; and 2. Return Receipt Postcard</p>		

ORIGINAL

DT01 Rec'd PCT/PTC

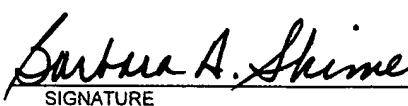
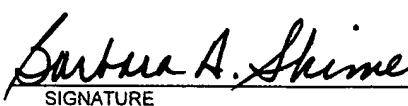
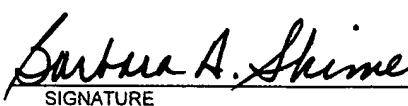
08 FEB 2005

PTO-1390 (Rev. 12-2004)

Approved for use through 3/31/2007. OMB 0651-0021

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known, see 37 CFR 1.5)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER																																																																																																							
Not Assigned		PCT/EP03/08300		Le A 36 294																																																																																																							
21. The following fees are submitted:																																																																																																											
<input checked="" type="checkbox"/> a) Basic national fee..... \$300.00 <input checked="" type="checkbox"/> b) Examination fee..... \$200.00 <input checked="" type="checkbox"/> c) Search fee..... \$500.00																																																																																																											
TOTAL OF ABOVE CALCULATIONS = \$1000.00																																																																																																											
<input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.																																																																																																											
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)		RATE																																																																																																							
124 - 100 =	24 /50 =	1		x \$250.00	\$ 250.00																																																																																																						
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).																																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th colspan="2">RATE</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>- 20 =</td> <td>0</td> <td>x \$50.00</td> <td>\$</td> <td></td> </tr> <tr> <td>Independent claims</td> <td>- 3 =</td> <td>0</td> <td>x \$200.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>0</td> <td>+ \$360.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td colspan="2">\$ 1250.00</td> </tr> <tr> <td colspan="4"></td> <td colspan="2">\$</td> </tr> <tr> <td colspan="4"></td> <td colspan="2" style="text-align: right;">SUBTOTAL = \$ 1250.00</td> </tr> <tr> <td colspan="6"> Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). </td> </tr> <tr> <td colspan="6" style="text-align: right;">TOTAL NATIONAL FEE = \$ 1250.00</td> </tr> <tr> <td colspan="6"> Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property </td> </tr> <tr> <td colspan="6" style="text-align: right;">TOTAL FEES ENCLOSED = \$ 1250.00</td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount to be refunded:</td> <td style="width: 50%;">\$</td> </tr> <tr> <td colspan="2">Amount to be charged:</td> </tr> <tr> <td colspan="2">\$ 1250.00</td> </tr> </table> </td> </tr> <tr> <td colspan="6"> a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>13-3372</u> in the amount of \$ <u>1250.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3372</u>. A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. </td> </tr> <tr> <td colspan="6"> NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status. </td> </tr> <tr> <td colspan="6"> SEND ALL CORRESPONDENCE TO: Customer No. 35969 Jeffrey M. Greenman Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, CT 06516 </td> </tr> <tr> <td colspan="6" style="text-align: right;">  SIGNATURE Barbara A. Shimek NAME 29,862 REGISTRATION NUMBER </td> </tr> </tbody></table>						CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		\$	Total claims	- 20 =	0	x \$50.00	\$		Independent claims	- 3 =	0	x \$200.00	\$		MULTIPLE DEPENDENT CLAIM(S) (if applicable)		0	+ \$360.00	\$		TOTAL OF ABOVE CALCULATIONS =				\$ 1250.00						\$						SUBTOTAL = \$ 1250.00		Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).						TOTAL NATIONAL FEE = \$ 1250.00						Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property						TOTAL FEES ENCLOSED = \$ 1250.00						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount to be refunded:</td> <td style="width: 50%;">\$</td> </tr> <tr> <td colspan="2">Amount to be charged:</td> </tr> <tr> <td colspan="2">\$ 1250.00</td> </tr> </table>						Amount to be refunded:	\$	Amount to be charged:		\$ 1250.00		a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>13-3372</u> in the amount of \$ <u>1250.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3372</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.						SEND ALL CORRESPONDENCE TO: Customer No. 35969 Jeffrey M. Greenman Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, CT 06516						 SIGNATURE Barbara A. Shimek NAME 29,862 REGISTRATION NUMBER					
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		\$																																																																																																						
Total claims	- 20 =	0	x \$50.00	\$																																																																																																							
Independent claims	- 3 =	0	x \$200.00	\$																																																																																																							
MULTIPLE DEPENDENT CLAIM(S) (if applicable)		0	+ \$360.00	\$																																																																																																							
TOTAL OF ABOVE CALCULATIONS =				\$ 1250.00																																																																																																							
				\$																																																																																																							
				SUBTOTAL = \$ 1250.00																																																																																																							
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).																																																																																																											
TOTAL NATIONAL FEE = \$ 1250.00																																																																																																											
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property																																																																																																											
TOTAL FEES ENCLOSED = \$ 1250.00																																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount to be refunded:</td> <td style="width: 50%;">\$</td> </tr> <tr> <td colspan="2">Amount to be charged:</td> </tr> <tr> <td colspan="2">\$ 1250.00</td> </tr> </table>						Amount to be refunded:	\$	Amount to be charged:		\$ 1250.00																																																																																																	
Amount to be refunded:	\$																																																																																																										
Amount to be charged:																																																																																																											
\$ 1250.00																																																																																																											
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>13-3372</u> in the amount of \$ <u>1250.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3372</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																																																																											
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.																																																																																																											
SEND ALL CORRESPONDENCE TO: Customer No. 35969 Jeffrey M. Greenman Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, CT 06516																																																																																																											
 SIGNATURE Barbara A. Shimek NAME 29,862 REGISTRATION NUMBER																																																																																																											

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **BRUNNER et al.**

Serial No.: [to be assigned] National Stage Filing of PCT/EP03/08300

Filed: herewith

For: **Arylamides**

**MAIL STOP PCT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450**

CERTIFICATE OF MAILING UNDER 37 CFR 1.10

I hereby certify that the *attached* correspondence comprising:

- Transmittal Letter to the United States Designated/Elected Office (DO/EO/US) Concerning a Filing under 35 U.S.C. 371 [IN DUPLICATE];
- Application Data Sheet under 37 C.F.R. 1.76;
- Preliminary Amendment;
- Original oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4));
- English Translation of the Application (35 U.S.C. 371(c)(2));
- Copy of the International Application as filed (35 U.S.C. 371(c)(2));
- Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98 consisting of Transmittal of Information Disclosure Statement under 37 C.F.R. 1.97(b), Information Disclosure Citation (Modified Form PTO-1449) and copies of references cited therein;
- Return Receipt Post Card;
- Other:

is, on the date shown below, being deposited with the United States Postal Service, in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EO907354458US addressed to:

*Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450*

02/08/05

Date

Mariellen Chapdelaine
Signature of Person Certifying *Mariellen Chapdelaine*